

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

(916) 323-0267

July 1, 1986



ALL-COUNTY LETTER NO. 86-58

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: ASSEMBLY BILL (AB) 142 (GOVERNMENT CODE SECTION 29853.5): STATEWIDE
INTERCOUNTY LOST WARRANT REPLACEMENT AFFIDAVIT (DFA 874) AND STATEWIDE
INTERCOUNTY WARRANT REPLACEMENT CONTACT LIST

REFERENCE: ALL-COUNTY LETTER 86-07

The purpose of this letter is to transmit instructions for the attached Statewide Intercounty Lost Warrant Replacement Affidavit (DFA 874) and the Statewide Intercounty Warrant Replacement Contact List.

The provisions of Government Code Section 29853.5 are applicable to AFDC-Family Group/Unemployed (FG/U), AFDC-Foster Care (FC), Refugee Cash Assistance (RCA), Refugee Demonstration Project (RDP), Adoption Assistance Program (AAP), Emergency Assistance (EA), and Special Circumstances (SC). Further, Government Code Section 29853.5 applies to child support disregard payments. Payments in behalf of Seriously Emotionally Disturbed (SED) children do not constitute an aid payment or program. Therefore, the requirements of Government Code Section 29853.5 are not applicable.

Statewide Intercounty Lost Warrant Replacement Affidavit (DFA 874)

Attached is a sample of the Statewide Intercounty Lost Warrant Replacement Affidavit (DFA 874). As required in the law, the form was developed in consultation with the County Welfare Director's Association, the County Auditor's Association and the Coalition of California Welfare Rights Organizations. This form is to be used by counties when the original warrant has been lost, destroyed, stolen, or lost in the mail, and the recipient has moved from the county that issued the original warrant to another county.

An initial supply of form DFA 874 will be sent to you under separate cover. This form has been designed on National Cash Register (NCR) paper (also known as No Carbon Required) for your administrative ease. Instructions for the use of the DFA 874 are outlined on the reverse white copy of the form. This form is to be used effective upon receipt of your initial supply.

Statewide Intercounty Warrant Replacement Contact List

Attached is the Statewide Intercounty Warrant Replacement Contact List of fiscal staff responsible for warrant replacement information. This list is being provided at the counties' request so that counties may expeditiously obtain the

required warrant information necessary to complete the intercounty affidavit process.

The list will be updated on an annual basis or when necessary. If the name of the contact person, address or telephone number for your county has changed, the updated information should be sent to:

State Department of Social Services
Fiscal Policy and Procedures Bureau
744 P Street, M.S. 8-100
Sacramento, CA 95814
Attention: Stephanie Davis

If you have any questions regarding this letter, the attached form or the contact list, please contact Stephanie Davis at (916) 323-0267 or ATSS 473-0267.



ROBERT T. SERTICH
Deputy Director
Administration

Attachments

cc: CWDA

INSTRUCTIONS

1. Please fill out the form carefully and completely.
2. Enter the name of the receiving county in the space provided.
3. Enter the name of the sending county in the space provided.
4. Section A is to be completed by the county sending this form.
5. Sections B and C are to be completed by payee.
6. **DO NOT CASH THE ORIGINAL WARRANT!** The original warrant should be returned to the county that issued the warrant. (See Section C on the front of this form.)

STATEWIDE INTERCOUNTY LOST WARRANT REPLACEMENT AFFIDAVIT

DISTRIBUTION:

White: Receiving County's Copy

Yellow: Sending County's Copy

Pink: Payee's Copy

TO:

COUNTY

FROM:

COUNTY

SEE REVERSE FOR INSTRUCTIONS

A. NAME OF PAYEE (LAST, FIRST, MIDDLE)		WARRANT NUMBER:
SOCIAL SECURITY NUMBER *	* Disclosure of your Social Security Number is voluntary. It will be used to help us verify your request for a replacement public assistance warrant.	WARRANT AMOUNT
CASE NUMBER		DATE ISSUED

B. I, _____, now living at _____,

NAME (PLEASE PRINT)

ADDRESS

_____, certify that on or about _____,

CITY

STATE

_____, 19 _____, my public assistance warrant was

DATE

☐ LOST ☐ STOLEN ☐ DESTROYED ☐ NOT RECEIVED. The facts about its loss, destruction, theft or nonreceipt are as follows:

C. I understand that I cannot cash this missing public assistance warrant if it comes into my possession.

If it does, I agree to immediately return it to _____.

COUNTY

ADDRESS

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge,

and was executed on the _____ day of _____, 19 _____.

MONTH

at _____, California.

CITY

SIGNATURE

FOR COUNTY USE ONLY

VERIFIED BY:

DATE:

Statewide Intercounty Warrant Replacement Contact List

June 1986

ALAMEDA

Gerrie Washburn
Supervisor, Recipient Payroll
Alameda Co. Social Services Agency
P.O. Box 12941
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(415) 874-5017

ALPINE

Geneva Langford
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Alpine Co. Dept. of Social Services
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(916) 694-2235

AMADOR

Judy McConkie
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Amador Co. Welfare Dept.
108 Court Street
Jackson, CA 95642
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BUTTE

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CALAVERAS

Shelly Hie
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Calaveras Co. Dept. of Social Welfare
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(209) 754-4410 or 4138

COLUSA

Jim Fouch
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Colusa Co. Dept. of Social Welfare
P.O. Box 370
Colusa, CA 95932
(916) 458-4985

CONTRA COSTA

Betty Love
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Contra Costa Co. Social Service
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(415) 671-4218

DEL NORTE

Carolyn Campbell
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Del Norte Co. Welfare Dept.
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EL DORADO

Martha Reeves
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FRESNO

Lonnie Gash
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GLENN

Cleo Mirande
Office Manager
Glenn Co. Dept. of Social Services
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HUMBOLDT

Betty Scheffler
Supervising Account Clerk I
Humboldt Co. Dept. of Public Welfare
929 Koster Street
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(707) 445-6181

IMPERIAL

Gloria Hernandez
 Supervising Welfare Clerk
 Imperial Co. Welfare Dept.
 P.O. Box 930
 El Centro, CA 92244
 (619) 353-1400 Ext. 34

INYO

Colleen Bacoeh
 Account Clerk III
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KERN

Robert A. Johnston
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 Kern Co. Welfare Dept.
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 Bakersfield, CA 93302
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KINGS

Gerri McPherson
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 Kings Co. Dept. of Social Services
 Government Center
 1200 South Drive
 Hanford, CA 93230
 (209) 582-3241 Ext. 2214

LAKE

Ralna Pickle
 Supervising Welfare Account Clerk
 Lake Co. Welfare Dept.
 P.O. Box 190
 Lakeport, CA 95453
 (707) 263-2202 Ext. 309

LASSEN

Linda Heyland
 Account Clerk II
 Lassen Co. Welfare Dept.
 P.O. Box 1359
 Susanville, CA 96130
 (916) 257-8311 Ext. 171

LOS ANGELES

Walt Hollowell
 Supervising Administrative Asst. II
 County of Los Angeles Dept. of
 Public Social Services
 2140 W. Olympic Blvd., Suite 404
 Los Angeles, CA 90006
 (213) 738-3117

George Riggs
 Accounting Officer II
 Los Angeles Co. Dept. of
 Children's Services
 1125 West Sixth Street
 Los Angeles, CA 90017
 (213) 482-2718

MADERA

Betty Eden
 Staff Services Manager
 Madera Co. Dept. of Public Welfare
 P.O. Box 569
 Madera, CA 93639
 (209) 675-7841

MARIN

Sandra Lamke
 AFDC Supervisor
 Marin Co. Dept. of Health and
 Human Services
 Civic Center Branch
 P.O. Box 4160
 San Rafael, CA 94903
 (415) 499-7033

MARIPOSA

Terri A Borchard
 Account Clerk II
 Mariposa Co. Dept. of Social
 Welfare
 P.O. Box 7
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 (209) 966-3609

MENDOCINO

Bonnie Reid
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 Mendocino Co. Dept. of Social Svcs.
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MERCED

Augie Lopes or Roxanne Persinger
 Account Clerk I
 Merced Co. Dept. of Human Resources
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 P.O. Box 112
 Merced, CA 95340
 (209) 385-7665

MODOC

Dorothy Kimbrough
 Senior Administrative Clerk
 Modoc Co. Dept. of Social Services
 205 S. East Street
 Courthouse Annex
 Alturas, CA 96101
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MONO

Cynthia Delfino
 Clerk Typist II
 Mono Co. Dept. of Social Welfare
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MONTEREY

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NAPA

Lynne Perez
 Social Service Analyst
 Napa Co. Dept. of Social Services
 P.O. Box 329
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NEVADA

Elsie Durgin
 Office Services Supervisor II
 Nevada Co. Dept. of Public
 Social Services
 P.O. Box 1210
 Nevada City, CA 95959
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ORANGE

Veronica Furlong
 Supervisor, Fiscal Claiming
 Orange Co. Social Services Agency
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PLACER

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 Placer Co. Welfare Dept.
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PLUMAS

Phyllis Dodson or Randy Schwartz
 Account Clerk III/Account Clerk II
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RIVERSIDE

Phylliss Petrosino or Constance Arias
 Supervising Clerk/Chief Fiscal Clerk
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SACRAMENTO

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 Accountant IV
 Sacramento Co. Dept. of Social Welf.
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SAN BENITO

Gail Lewis
 Account Clerk II
 San Benito Co. Welfare Dept.
 419 Fourth Street
 Hollister, CA 95023
 (408) 637-5336

SAN BERNARDINO

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 San Bernardino Co. Dept. of
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SAN DIEGO

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SAN FRANCISCO

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SAN JOAQUIN

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SAN LUIS OBISPO

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SAN MATEO

Linda Vallergera
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 Controller's Unit
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SANTA BARBARA

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YOLO

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YUBA

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